

## MEDICAL PLAN SUMMARY CHART

Benefit Provision	CMG High:		CMG Low:		OAPIN:		OAP High:		OAP Low:		Choice Fund:	
Type of Plan (as licensed)	HMO				HMO with Open Access to Specialists (similar to a PPO)		HMO with Open Access to Specialists (similar to a PPO)				High-deductible PPO plan with partially funded Health Savings Account <sup>1</sup>	
Service Area Where Care Must be Received	Maricopa County only, except for emergency care				Nationally							
Residency Requirement	Must work or reside in Maricopa County				None							
Primary Care Physician (PCP) Required	Yes; may only use PCPs who practice in CIGNA HealthCare Centers				No							
Referral Required	Yes, except to obstetrician/gynecologist, urgent care, emergency care, chiropractic care, & alternative medicine				No							
Out-of-Network Coverage	No						Yes					
Network	AZ-CIGNA Medical Group Network AZ812				National Open Access Plus AZ300						National Preferred Provider Network AZ011	
Prior Authorization	Provider’s responsibility						Provider’s responsibility when in-network. Your responsibility when out-of-network. 50% penalty for no prior authorization.					
Per Pay Period (24/yr.) Medical Premiums**	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Employee	\$37.39	\$135.47	\$34.76	\$95.51	\$46.65	\$149.53	\$47.55	\$154.53	\$34.82	\$97.98	\$30.00	\$136.80
Employee + Spouse	\$57.14	\$145.66	\$48.45	\$106.20	\$107.10	\$163.62	\$107.64	\$169.91	\$48.58	\$105.45	\$30.00	\$155.01
Employee + Child(ren)	\$44.92	\$142.30	\$40.10	\$103.66	\$84.93	\$159.75	\$86.51	\$167.92	\$40.29	\$104.68	\$30.00	\$150.72
Employee + Family	\$76.87	\$150.68	\$61.42	\$108.26	\$144.37	\$169.55	\$146.94	\$179.26	\$62.34	\$109.08	\$30.00	\$167.37

\*\*The premium will be reduced by \$20/pay period if the entire household (employee & all covered dependents) is tobacco-free for the past 6 consecutive months & the employee has taken & passed the saliva test; and/or by \$5/pay period for voluntarily participating in the biometric screening initiative; and/or by \$5/pay period for voluntarily participating in the health assessment initiative.

<sup>1</sup>Refer to "Choice Fund Medical Plan with Health Savings Account" section for details.

Find out how the plans work and compare plans to determine which plan works best for you.

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